PERMIT ALTERATION REQUEST

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B.

STATE OF ALASKA DEPARTMENT OF FISH AND GAME PRIVATE NONPROFIT PROGRAM

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I. INDENTIFICATION OF APPLICANT

A.	Ap	plicant Information	

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David Reggiani		PWSAC
Applicant Name		Organization
DOD: 1110		007.404.7511
PO Box 1110		907-424-7511
Address		Phone Number
Cordova	Alaska	99574
City	State	Zip
Hatchery Information		
Cannery Creek Hatchery		26
Hatchery Name		PNP Permit Number

II. STATEMENT OF APPLICANT'S GOALS AND OBJECTIVES

A. Describe the nature of the requested alteration, why you have decided to request it, and what you generally expect to accomplish by the expansion of your program, including answers to the following questions. Will the proposed project affect wild salmon stocks or existing fisheries? How will a significant contribution to common property fisheries be made? How will potential effects and interactions between introduced or enhanced stocks and wild stocks be assessed? What marking and recovery studies are being proposed that will allow the project to be evaluated? What are the potential benefits to fisheries or wild stocks from the proposed project? Has this project been discussed with the department's area or regional management biologists? (Attach additional pages as necessary.)

The purpose of this permit alteration request is to increase the permitted capacity of pink salmon eggs at the Cannery Creek Hatchery (CCH) from 152 million to 187 million (see cover letter).

Present Perm	itted Capacity		
	reen eggs by species)		
Pink	_152,000,000	Coho	-0-
Chum	-0-	Chinook	-0-
Sockeye	-0-	Other	
Capacity Afte	er Reguest		
	een eggs by species)		
Pink	187,000,000	~ 1	
	107,000,000	Coho	-0-
Chum	-0-	Coho Chinook	<u>-0-</u> -0-
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IV. <u>HATCHERY DESIGN</u>

A. Please provide a detailed description of new facilities needed with this alteration (e.g., buildings, incubators, rearing space, piping, etc.). This description should represent a solid concept of the proposed hatchery changes/expansion. Drawings showing the layout of new structures should be attached when appropriate.

No additions to the facility are needed.

V. <u>DECLARATION AND SIGNATURE</u>

I declare that the information given in this application is, to my knowledge, true, correct, and complete.

Name of Applicant

Date Signed